SUBMIT: COMPLETED APPLICATION, TAX Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

2. 2

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
DAMPS TO THE PROPERTY OF T

Permit #: Amount Paid:

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23

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Refund:

| | | × | | | | Name of the latest and the latest an | ain) | Other: (explain) | | Sperolarial Other | 20 |
|--|------------------------------------|--|--|--|--|--|---|---------------------------------------|--------------------------|--|----------------------------------|
| and the same of th | | × | | The state of the s | The state of the s | and the second s | Conditional Use: (explain) | Conditional | | | (Aug.) |
| | - | × | | - Language - Control of the Control | The state of the s | - Constitution of the Cons | (explain) | Special Use: (explain) | Д |) > | |
| | | | | | en dudal de la companya de la compa | | | | ω | Hec a for Issuance | |
| | | × | | - multiply of the same of the | , | Iteration (specify) | Accessory Building Addition/Alteration (specify) | Accessory B | | | |
| | | × | | 2 | me to cife | 7 | uilding (specify) | Accessory Building | | Municipal Use | |
| 12 5% | _ | × | | Howe to Read | ٦. | NEW ROOF | Addition/Alteration (specify) | Addition/Al | ĸ | |] |
| A |) | × | | | ŀ | (e) | Mobile Home (manufactured date) | Mobile Hom | | | |
| | _ | × | ties) (| cooking & food prep facilities) | |] sleeping quarters, <u>c</u> | Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or | Bunkhouse | | | |
| · · | _ | × |) [| | | age | with Attached Garage | | | Commercial Use | ნ |
| | _ | × | | | | | with (2 nd) Deck | | | | |
| |) | × | 1 | | | | with a Deck | | | | |
| | J | × |) | | | | with (2 nd) Porch | | | | |
| |) | × |) | | | | with a Porch | | | Residential Use | Z. |
| | | × | | | | | with Loft | | | | |
| | _ | × | | | | hack, etc.) | i.e. cabin, hunting shack. | Residence (i | | | |
| Footage | ions) | Dimensions X | _ | | , co | Proposed Structure | Proposed Structure Proposed Structure Principal Structure (first structure on property) | Principal Str |] \ | Proposed Use | 2 |
| Salare | • | | | | | | | | | Saca College Montel | 1.000 |
| | Height: | | | Width: | 5 | Length: | - Clearing so so | 9 47 | | Proposed Construction: | Propo |
| | Height: | | | Width: | N | Length: | relevant to it | no applied for is | ermit bein | Existing Structure: If permit being applied for is relevant to it | Fyicti |
| | | | | None | 1 | | 100000000000000000000000000000000000000 | | | | |
| | | | tet | Compost loilet | | | Foundation | | Property | Pri | |
| | | e contract) | w/service | 1 | None | | | T | Run a Business on | □Ru | |
| gallon) | B nnz uiw | vauited (min 200 gallon) | . - | | | | 1 | + | Relocate (existing bldg) | | |
| N N N | e: _ < | Specify Type: | įš. | | w | | 1 | | ☐ Conversion | 多 こ に な に な に の に に に に に に に に に に に に に | יען נאי |
| | | openiy iype. | 1 | - 1 | 2 | Year Round | 1-Story + Loft | Addition/Alteration | Idition/A | Т | ιΛ· |
| | | nacifi Timo | | | , - | | 1-Story | + | New Construction | , | |
| | | | | 420 | • | - | • | 90.5 | | material | m |
| Water | em ? | What Type of Sewer/Sanitary System Is on the property? | What Ty wer/Sanita Is on the p | | # bedrooms | Üse | # of Stories and/or basement | | Project | Value at Time of Completion *include donated time & | Value of Cou * II donat |
| | | R | D ME | N. | Trank To | 2 X | Characine | | | Non-Shoreland | Non |
| | | | Teet | | | If yescontinue | If ye | | | - 10 Agi | |
| □ Yes | □ Yes | | oreline : | re is from Sh | Distance Structure is from Shoreline: | , | Lake, | /Land within 10 | Property/ | Shoreland 🛶 🗆 Is | □ Sho |
| Are V | ls Property in Floodplain Zone? | | greline : | re is from Sh | Distance Structure is from Shareline: | | (s Property/Land within 300 feet of River, Stream (ind. Intermitten) reek or Landward side of Floodplain? If yes—Continue— | (s Property/Land within 300 feet of F | Property/ ek or Land | | |
| 2.500 | | Į ke | FOI SIZE | | Bouffield | Bay | ange <u>OUW</u> w | 50 N, Range | , Township | Section 22, | |
| To a control of the c | 2 | | | | | 1 | | | | | |
| | | Subdivision: | - | Block(s) No. | Lot(s) No. | 1 Vol & Page | Lot(s) CSM | Gov't Lot | 1/4 | 4 | |
| Page(s) | Qq. | | 0 | 000-3000 | 1.22.101 | 04-006. J.50.04. | | ion: (Use Tax Statement) | escript | LOCATION LEgal D | 5 3 |
| Document: (i.e. Property Ownership) | nt: (i.e. P | ded Docume | Recorded | | *************************************** | ₹ digite) | | 504 | ۲۲۸ | | |
| Written Authorization Attached | Written A Attached | p): | ı/State/Zip | ss (include City | Agent Mailing Address (include City/State/Zip): | | _ | ation on behalf of C | gning Applica | rson | Authori |
| Plumber Phone: | Plumt | | | | Plumber: | 8 | Tontra 715- | Construction | Z Z | ₹. ** | Contractor: |
| 115-40-4268 | 3 | | | F | 71845 | City/State/Ap: | 4 § | ù | ž Ž | Address of Property: 34875 So. | W Address |
| hone: | Cell Phone: | 4 12 HG | ٤ | なに対する | 2 | ت ئ | 2 | をなると | 麦又 | るまれて | えず |
| hone: | Tele | ·) | A PAGE TO THE STATE OF THE STAT | Zip: | 100000000000000000000000000000000000000 | Address: | | | | Owner's Name: | Owner's |
| OTHER | B.O.A. | | SPECIAL USE | | CONDITIONALUSE | PRIVY | SE SANITARY | | TEN | TYPE OF DERMIT REOUESTED | TVDEO |
| | | | | | | LICANT. | SUED TO APP | ity Zoning Departi | Wield Count | INSTRUCTIONS: NO PERIODS WILL BE EXCENDED IN THE STATE OF | Checks are |
| | | | e di u. | | 7 | Airly Co Toping | | intil all fees are p | ha issued u | vale. No parmits will | LUISALON |

Owner(s): I (we) declare that this application (if am (are) responsible for the detail a may be a result of Bayfield county above described proberty, lany rea FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES and complete. I (we) acknowledge that I (we) recompanying information has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) cy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which it is information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the purpose of inspection. eed All Owners must sign or letter(s) of authorization must accompany this application) Date Ou 5

Authorized Agent:

Address to send permit 34895

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PAYTHER

(If you are signing on behalf of the owner(s) a letter of authorization

E E Company this a application)

| | Is Parcel a Sub-Standard LOT Lives (Deed of Record) Is Parcel in Common Ownership Lives (See/Contiguous Lot(s)) Is Parcel in Common Ownership Lives (Toes/Contiguous Lot(s)) Is Parcel in Common Ownership Lives See/Contiguous Lot(s) Is Parcel in Common Ownership Lives L | (9) Stake or Mark Proposed Locatio NOTICE: All Land Use Perm For The Construction Of New One & The local T Issuance Information (County Use Only) Permit #: 15.098 | Setback from the West Lot Line Setback from the East Lot Line Setback to Septic Tank or Holding Tank Setback to Drain Field Setback to Privy (Portable, Composting) Prior to the placement or construction of a structure within ten (10) feet of the minimum required other previously surveyed corner or marked by a licensed surveyor at the owner's expense. Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (3 one previously surveyed corner to the other previously surveyed corner to the other previously surveyed corner, or verifiable by the Departmented by a licensed surveyor at the owner's expense. | Setback from the Centerline of Platted Road Setback from the Established Right-of-Way Setback from the North Lot Line Setback from the South Lot Line | 101.6° (ce) | 715 We rise | (1) Show Location of: Proposed (2) Show / Indicate: North (N (3) Show Location of (*): (*) Drive (4) Show: (*) Chive (5) Show: (*) Well (6) Show any (*): (*) Lake; (7) Show an |
|---------------------|--|--|--|---|---|---|---|
| Hold For Affidavit: | Mitigation Required No Mitigation Attached Mitigation Attached by Previously Granted by Dyes DNo Were Property Lines DNO-(If No they need to be attached DNO-(If No they need | Expire One (1) Year from the Date of Issuance if C vo Family Dwelling: ALL Municipalities Are Requirent, Village, City, State or Federal agencies may also Sanitary Number: 78788 # Reason for Denial: 47375 | Feet 20% Slope Area of Floor | Feet Setback from the Lake (ordinary high-v Setback from the River, Stream, Creek Setback from the Bank or Bluff Feet Setback from Wetland | 0.8 Sque Feetsde Risser www.huffcutt.com | 13 65-723-7446 · www.huffcutt.com 3,25' 6,65 | Draw or Sketch your Property (regardless of what you are applying for) Draw or Sketch your Property (regardless of what you are applying for) ow Location of: North (N) on Plot Plan ow Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property ow any (*): (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) ow any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond ow any 26 All Flour 199.6 |
| Hold For Fees: | Affidavit Required Yes DNo es No Affidavit Attached Yes No nce (B.O.A.) Case #: Property Surveyed Yes Daning District (R.A.B.) Lakes Classification (R.A.B.) Date of Re-Inspection: Date of Approval: | privy (P), and well (W) un, elling Code. tary Date: 1/-2 | Iplain Feet Feet | vater mark) | nges in plans must be approved by the Planning & Zoning Dept. Description Measurement | House 26 ×38 | ding Tank (HT) and/or (*) Privy (P) |

Δ. Sp



SUBMIT: COMPLETED APPLICATION, STATEMENT AND FEE TO: PO Box 58 Washburn, WI 54891 (715) 373-6138 Bayfield County
Planning and Zoning Depart.

> APPLICATION FOR PERMIT Date Stamp (Received)

THE STATE OF THE S

Date: Permit #:

Amount Paid:

4.30./5 150101 4.30/10

MPR 20 2015

Zoning Dept

Refund:

Bayfield Co.

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. Rec'd for Issuance Existing Structure: (If pe Proposed Construction: \$ 21,444 X Non-Shoreland Contractor: 26 700 X ☐ Shoreland Authorized Agent: (Person TYPE OF PERMIT REQUESTED— | X LAND USE Address of Property: \Box donated time & of Completion Value at Time CHRISTAPHER Secretarial Staff PROJECT LOCATION Municipal Use Commercial Use Residential Use FAILURE TO OBTAIN A PERMIT of STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) accomplete that I (we) are nowledge that I (we) and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept fiability which above described property at any reasonable time for the purpose of inspection. Proposed Use include Section EAGLE 1/4 | RAR IN Nω ν. ; ...
| Legal Description: \Use Tax Statemen New Construction □ Run a Business on (If permit being applied for is relevant to it) tion: どれなしと \square Is Property/Land within 1000 feet of Lake, Pond or Flowage ☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent)

Creek or Landward side of Floodplain? If yes—continue BURED Property Relocate (existing bldg) Cox Conversion IN NW NE & SW NE DESCIN Signing Application on behalf of Owner(s)) Township Project MELISSA 70 Other: (explain) Principal Structure (first structure on property)
Residence (i.e. cabin, hunting shack, etc.) Conditional Use: (explain) Special Use: (explain) Accessory Building Addition/Alteration (specify) Accessory Building Addition/Alteration (specify) Mobile Home (manufactured date) Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or N, Range ✗ No Basement✗ Foundation and/or basement with a Deck with (2nd) Deck with Attached Garage with (2nd) Porch with a Porch with Loft 1-Story Foundation 2-Story # of Stories Basement 1-Story + Loft ent) Lot(s) SANITARY | PR | Mailing Address: (specify) BAYFIELD, 154% FAREST HAWEN PIN: (23 digits)
04-006-2-51-05-17-1-02-000-16000 ≶ Agent Phone: City/State/Zip: If yes---continue Š **Proposed Structure** Length: Length: Year Round GARAGA PRIVY Use Town of Vol & Page STE CO 5 **₩** Agent Mailing Address (include City/State/Zip): CONDITIONAL USE 41845 Distance Structure is from Shoreline : Distance Structure is from Shoreline: S S bedrooms None 2 w cooking & food prep facilities) 앜 Lot(s) No. * City/State/Zip: FRISLO Width: Width: X Sanitary (Exists) Specify Type Ш None Block(s) No. Portable (w/service contract)
Compost Toilet Privy (Pit) (New) Sanitary Municipal/City X W 2 Sewer/Sanitary System
Is on the property? SPECIAL USE 75051 악 What Type of 2015 x 635 Attached

| ves | No
| No
| No
| Recorded Document: (i.e. Property Ownership)
| 2 012/2 - 545 88 Property Oynership | 2 012/2 - 545 88 Property Oynership) Subdivision: feet Specify Type: Vaulted (min 200 gallon) **Dimensions** ls Property in Floodplain Zone? □ Yes $\times |\times| \times |$ $\times |\times| \times |\times| \times |$ $\times |\times |\times |\times |\times$ × Height: Height: N. No 32 Cell Phone: Written Authorization 972-832-5350 Telephone: Acreage 214.9523358 25.65 ۵ OTHER Are Wetlands 960 Footage Square Present? N N ∏ Yes X Well Water City

Owner(s);

If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date

Attach Copy of Tax State Sperity word your

Date 4/14/15

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Repl

Authorized Agent:

8 Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

| e previously surveyed comer to the | Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the | d setback, the b | of the minimum requin | Prior to the placement or construction of a structure within ten (10) feet | |
|---|--|------------------|-----------------------|--|--|
| | | Feet | | Setback to Privy (Portable, Composting) | |
| | | Feet | 041 | Setback to Drain Field | |
| 1'3 Feet | Setback to Well | Feet | 120 | Setback to Septic Tank or Holding Tank | |
| | | | | | |
| Feet | Elevation of Floodplain | Feet | 1019 | Setback from the East Lot Line | |
| X Yes No | 20% Slope Area on property | Feet | 187 | Setback from the West Lot Line | |
| Feet | Setback from Wetland | Feet | 8.79 | Setback from the South Lot Line | |
| | | Feet | 1093 | Setback from the North Lot Line | |
| Feet | Setback from the Bank or Bluff | | | | |
| Feet | Setback from the River, Stream, Creek | Feet | | Setback from the Established Right-of-Way | |
| Feet | Setback from the Lake (ordinary high-water mark) | Feet | 900 | Setback from the Centerline of Platted Road | |
| | | | | ALL AND THE PROPERTY OF THE PR | |
| Measurement | Description | ent | Measurement | Description | |
| (a) the design of the first of the forest control of the first of the | | | | | |

veyed corner or marked by a licensed surveyor at the owner's expense

(64/1) Impanion Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known comer within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

| Hold For Sanitary: Hold For TBAY Hold For Affidavit: | Signature of inspector: | Condition(s): Town, Committee or Board Conditions Attached? Tres INO-(IF No they need to be attached) BULLIOI NG SHARL NOT BE USED TONE HABITATION SHARL NOT INSTITUTE I MODDINE PLUMUSING TIX THET UNITES APPRICATION FOR | Date of Inspection: U-26-15 Inspected by ChoomBonee Mul20thy | Inspection Record: Goth Well Staked + haw cleaned. | Was Parcel Legally Created Wes I No Were Proper Was Proposed Building Site Delineated Wes I No Were Proper | Granted by Variance (B.O.A.) Previously Gran | Is Parcel a Sub-Standard Lot Yes (Deed of Record) Yes (Deed of Record) Yes (Pused/Contiguous Lot(s)) Yes (Pused/Contiguous Lot(s)) Yes Y | Permit # 1500 Permit Date: 4.30-15 | Permit Denied (Date): Reason for Denial: | Issuance Information (County Use Only) |
|--|-------------------------|--|--|--|--|---|--|------------------------------------|--|--|
| Hold For Fees: | Date of Approval: 9-15 | TATURES UNITES APPLIED FOR | Date of Re-Inspection: | Zo | Were Property Lines Represented by Owner | Previously Granted by Variance (B.O.A.) □ Yes ·日和6 | red □Yes \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | | # or bedrooms: Sanitary Date: |

(9) 045 (5) 045 (7) 045 (7) 046 (8) 047 (8) 047 (7) 048 (7) 049 (7)

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